

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
OCT 26 2018  
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	18-0459
Date:	11-1-18
Amount Paid:	\$1,165.10-29.18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: CRAIG A & DEANE B Willeit	Mailing Address: 644 270TH ST	City/State/Zip: Woodville WI 54028	Telephone: 715-698-3800
Address of Property: 51340 LAKE RD.	City/State/Zip: BARNES, WI 54873		Cell Phone: 651-261-2258
Contractor: JERO HOFF CONSTRUCTION LLC	Contractor Phone: 715-641-1589	Plumber: Butterfield Drilling & Septic *	Plumber Phone: 715-634-8176
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION SE 1/4, NW 1/4	Legal Description: (Use Tax Statement)	Tax ID# 36015	Recorded Document: (Showing Ownership) 2018 R 573363
Gov't Lot 3	Lot(s) 2	CSM 1727	Vol & Page 10 154
CSM Doc # 2018 R 573363	Lot(s) No.	Block(s) No.	Subdivision:
Section 03, Township 44 N, Range 09 W	Town of: BARNES	Lot Size 3.64	Acreage 57.6

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 77 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ 355 K	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: CONV.	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> _____	Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height: 24.75

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( 28 X 52 )	1456
		with Loft	( X )	
		with a Porch	( 14 X 14 )	196
		with (2nd) Porch	( X )	
		with a Deck	( 7 X 28 )	196
<input type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( 38 X 28 )	1,064
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input checked="" type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities )	( 14 X 12 )	168
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (specify) <del>Bunk House SAUNA</del>	( 14 X 10 )	140
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Craig A. Willeit, Deane B. Willeit  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 10/23/18

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach  
Copy of Tax Statement

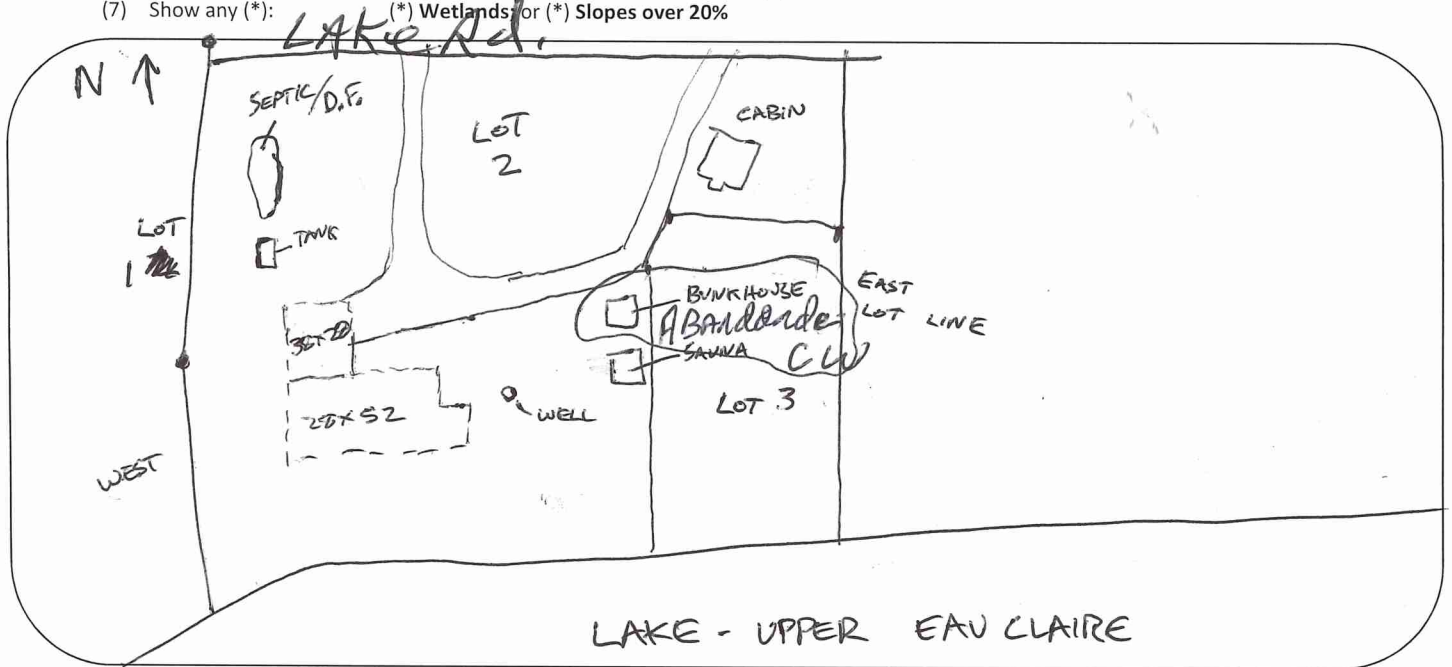
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

IS SAUNA AN ACCY OR ATTACHED? 10-31-18



- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	245' Feet	Setback from the Lake (ordinary high-water mark)	77' Feet
Setback from the Established Right-of-Way	212' Feet	Setback from the River, Stream, Creek	— Feet
		Setback from the Bank or Bluff	— Feet
Setback from the North Lot Line	245' Feet	Setback from Wetland	— Feet
Setback from the South Lot Line	77' Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the West Lot Line	62' Feet	Elevation of Floodplain	— Feet
Setback from the East Lot Line	123' Feet		
Setback to Septic Tank or Holding Tank	47' Feet	Setback to Well	26' Feet
Setback to Drain Field	85' Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <b>18-1448</b>	# of bedrooms: <b>4</b>	Sanitary Date: <b>10-31-18</b>
Permit Denied (Date):		Reason for Denial:		
Permit #: <b>18-0459</b>		Permit Date: <b>11-1-18</b>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Affidavit Required
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created		Were Property Lines Represented by Owner		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		Was Property Surveyed		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:				
Date of Inspection: <b>10/30/18</b>		Inspected by: <b>[Signature]</b>		Zoning District: <b>(R-1)</b>
Condition(s): <b>Town, Committee or Board Conditions Attached?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If <u>No</u> they need to be attached.)		Lakes Classification: <b>( )</b>		
Signature of Inspector: <b>[Signature]</b>		Date of Approval: <b>10/31/18</b>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **18-144S**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **18-0459** Issued To: **Craig & Diane Willert**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **3** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot                      Lot **2**                      Block                      Subdivision                      CSM# **1727**

For: **Residential Use:** [ **1- Story; Residence (28' x 52') = 1,456 sq. ft.; Porch (14' x 14') = 196 sq. ft.;**  
**Deck (7' x 28') = 196 sq. ft.; Attached Garage (38' x 28') = 1,064 sq. ft. ]**  
**Total Overall = 2,891 sq. ft.**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**November 1, 2018**

Date



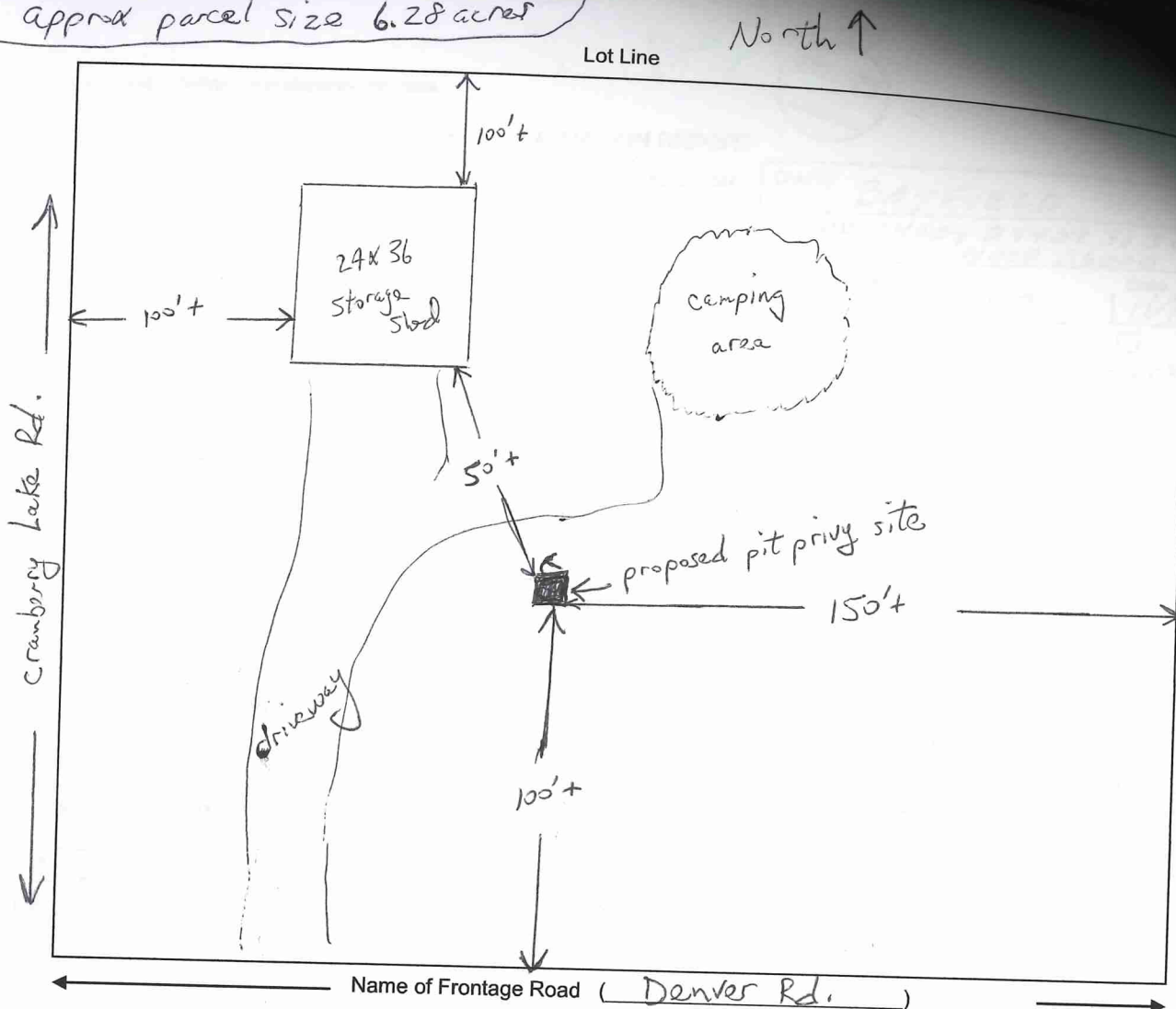
# BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District _____
Lakes Class _____

<b>I. APPLICATION INFORMATION</b> (Please Print All Information)				Soil Test No: <b>143-18</b>		County Permit No: <b>18-0462</b>				
Property Owner's Name: <b>Richard C. Lien</b>				County: <b>Bayfield</b>						
Address of Property: <b>1380 Denver Rd., Barnes, WI</b>				Property Location: <b>SE 1/4 SW 1/4, S 31 T 44 N, R 9 E (or) W</b>						
Property Owner's Mailing Address: <b>4905 152<sup>nd</sup> Street</b>				Township: <b>Barnes</b>		Gov. Lot #:				
City, State <b>Chippewa Falls, WI</b>	Zip Code <b>54729</b>	Phone Number <b>(715) 577-1886</b>	Lot #	Block #	CSM #	CSM Doc #	Subdivision Name			
<b>II. TYPE OF BUILDING: (Check One)</b>				Tax ID#:						
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____				<b>04-004-2-44-09-3130400026000</b> <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 0.8em;">NOV 01 2018</div>						
<b>III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)</b>										
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision      ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____										
B) <input type="checkbox"/> A Sanitary Permit was previously issued. <b>Previous Permit Number:</b> _____ <b>Date Issued:</b> _____										
<b>IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above</b>										
C) <input checked="" type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet										
<b>V. ABSORPTION SYSTEM INFORMATION:</b>										
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)				
<b>VI. TANK INFORMATION:</b>										
Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber - glass	Plastic	Exper. App.
New Tanks	Existing Tanks									
Septic Tank or Holding Tank										
Lift Pump Tank / Siphon Chamber										
<b>VII. RESPONSIBILITY STATEMENT:</b>										
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.										
Owner's Name(s): (Print) If applying for Section C above <b>Richard C. Lien</b>				Owner's Signature(s): (No Stamps) <i>Richard C. Lien</i>						
Plumber's Name: (Print) If applying for Section A or B) above				Plumber's Signature: (No Stamps)		MP/MPSRW No:				
Plumber's Address: (Street, City State, Zip Code)				Home Phone:		Business Phone:				
<b>VIII. COUNTY / DEPARTMENT USE ONLY</b>										
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit/Transfer Fee: <b>150</b>		Date Issued: <b>11/7/16</b>		Issuing Agent's Signature / Date: <i>[Signature]</i> <b>11/23/13</b>				
<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>										
<b>ADD-0515 Storage Shed NOT for human habitation</b>										

Plot Plan on reverse side

Lot dimensions are irregular & not surveyed.  
approx parcel size 6.28 acres



**IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 (a-o) COMPLETELY**

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
 

<ol style="list-style-type: none"> <li>a. Building to all lot lines</li> <li>b. Building to centerline of road</li> <li>c. Building to lake, river, stream or pond</li> <li>d. Septic / holding tank to closest lot line</li> <li>e. Septic/holding tank to building</li> <li>f. Septic / holding tank to well</li> <li>g. Septic / holding tank to lake, river, stream or pond</li> <li>h. Privy to closest lot line</li> </ol>	<ol style="list-style-type: none"> <li>i. Privy to building</li> <li>j. Privy to lake, river, stream or pond</li> <li>k. Drain field to closest lot line</li> <li>l. Drain field to building</li> <li>m. Drain field to well</li> <li>n. Drain field to lake, river, stream or pond</li> <li>o. Well to building</li> </ol>
--	---

**Submit To:** Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**

SANITARY – **Soil Test #143-18**

SIGN –

SPECIAL –

CONDITIONAL –

BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **18-0462** Issued To: **Richard Lien**

Location: **SE ¼ of SW ¼ Section 31 Township 44 N. Range 9 W. Town of Barnes**  
**LYING E OF CRANBERRY LAKE RD & N OF DENVER RD EXCEPT THE N 500' THEREOF**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

For: **Residential Other: [ Pit Privy ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Storage shed not to be used for human habitation.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**November 7, 2018**

Date